

Substitute for form 1449A/PTO <b>INFORMATION DISCLOSURE</b> <b>STATEMENT BY APPLICANT</b> (use as many sheets as necessary)			<b>COMPLETE IF KNOWN</b>		
			Application Number	10/571,861	
			Filing Date	March 14, 2006	
			First Named Inventor	Koji Yamada	
			Group Art Unit	To be determined	
			Examiner Name	To be determined	
Sheet	1	of	2	Attorney Docket Number	BY0028P

[illegible][illegible]

Examiner Signature	/Traviss McIntosh III/ (09/29/2007)	Date Considered	09/29/2007
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.**

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Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE**  
**STATEMENT BY APPLICANT**

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**COMPLETE IF KNOWN**

<b>Application Number</b>	10/571,861
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Sheet	2	of	2
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### NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author, title, date, page(s), volume-issue number(s) and place of publication.
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[illegible]

**Examiner  
Signature**

Date Considered

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